

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010945  
1388 STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1388

FILED MAR 28 1962

## 1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITYLength of stay in 1b  
28 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 2725 GarfieldInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
2725 GarfieldReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First  
CARLMiddle  
FLast  
FLIPPER4. DATE OF DEATH 3-5-62  
Month Day Year5. SEX  
Male6. COLOR OR RACE  
Negro7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 11-24-1888

9. AGE (last birthday) 73 yrs

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Presiding Elder10b. KIND OF BUSINESS OR INDUSTRY  
Methodist Church11. BIRTHPLACE (City and state or country)  
Atlanta, Georgia12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Joseph Flipper

## 13b. MOTHER'S MAIDEN NAME

Amanda Slater

## 14. NAME OF HUSBAND OR WIFE

Isabel Flipper

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Isabel Flipper 2725 Garfield Wife

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m. Month, Day, Year  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/5/62 to 2/5/62 and last saw her alive on 2/5/62  
Death occurred at 2725 Garfield 9P on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

223a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Removal23b. DATE  
3-9-6223c. NAME OF CEMETERY OR CREMATORY  
Westlawn23d. LOCATION (City, town, or county)  
Kansas City, Kansas

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Watkins Bros. Funeral Home 18th &amp; Benton

3-9-62

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
W. Turner

NOT A REAL CLERK

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Bruce R. Watkins*

Licensed Embalmer No. \_\_\_\_\_

*4502*

P. O. Address \_\_\_\_\_

*18th & Benton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.